

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
13						
14						
15		1				
16						
17		1				
18						
19		1				
20	1					
21		1				
22			1			
23				1		
24					1	
25						1
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27						
28						
29						
30	1					
31		1				
32			1			
33	1					
34		1				
35		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						